Co	PLACE	rederick	- Mit	bin chi Guer	A COMPANY (S)			OF DEATH Dist. No. 3
Villa		Frederick L NAME In						(If death occurr a hospital or indion, give its NAM stead of street humber,)
	PERSON	IAL AND STATISTIC	CAL PARTICU	JLARS	MEI	DICAL CERTIF	FICATE	OF DEATH
8 81	ex .le	White	b SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the W		-	June	fonth)	(Day) (Condended the decease
6 D	ATE OF BIH	TH			1			• • • • • • • • • • • • • • • • • • • •
M		Jun€, (Month)		, 1 931 (Year)				d above, at
7 AG	1	Stillborn yrs	ana da	If LESS than I dayhrs.	The CAUSE OF I	EATH & was as	follows:	7
) (a pa ) (b	CCUPATION ) Trade, proparticular kind ) General national	fession or  l of work  ture of industry stablishment in						утэтоэ
(a pa (b bu ) w	CCUPATION ) Trade, proparticular kind ) General national	fession or I of work  ture of industry stablishment in ed or (employer)			Contributory Secondary	4 1/2 11	onthe	) 
(a pa (b bu ) w	CCUPATION ) Trade, pro- articular kind ) General na- usiness, or e- hich employ (State or o	fession or I of work  ture of industry stablishment in ed or (employer)  ountry)	/l~nd		Contributory Secondary (Signed)	4 1/2 II	Jax	yremos
(a. pressure of the pressure o	CCUPATION Trade, protection of the control of the c	fession or I of work  Atture of industry stablishment in ed or (employer)  Country)  Country  Country  Country  Country	/l~nd		Contributory Secondary  (Signed)	4 1/2 11 (Du)	nonthe Das Trede	euch Me
(a pressure of the pressure of	CCUPATION Trade, proparticular kind General resusiness, or eshich employ RTHPLACE (State or comparticular kind) To NAME (FATHE TO FATHE (State TO MAIDES OF MOT	fession or I of work  ature of industry stablishment in ed or (employer)  country)  ACT  COUNTRY  COUNTRY  NAME  COUNTRY  NAME  COUNTRY  NAME  COUNTRY  NAME  COUNTRY  NAME  COUNTRY  C	rland Hison Tyland		(Signed)  State William Cause Accidental, St	4 1/2 II  (Dw  98. (Address).  Disease Causins, state (1) Meand in Homical Causins of Hom	months  Day  Rede  ng Death  ns of Inj  idal,	yremos
PARENTS (P) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	CCUPATION ) Trade, production of the production	fession or I of work  ture of industry stablishment in ed or (employer)  Country)  ACT  PLACE HER  NAME OF COUNTRY)  NAME PLACE PLACE PLACE INCR  PLACE INCR  PLACE INCR  PLACE INCR  PLACE INCR  OF COUNTRY)  NOT COUNTRY	vland liison ryland Engle ryland		(Signed)  State Wiolent Cause Accidental, State Incompany  18 LENGTH OF ients, or Recer At place of death yrs.	98/ (Address)  Disease Causirs, state (1) Meanicidal or Homicidal RESIDENCE (1st Residents)mosda.	montine and a second of Injidal.	or, in deaths frury; and (2) whet
PARENTS (P) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	CCUPATION ) Trade, proparticular kind ) General resusiness, or exhich employ (State or comparticular kind  10 NAME (FATHE  11 BIRTHI OF FATI (State  12 MAIDE: OF MOT (State  13 BIRTHI OF MOT (State	fession or I of work  Lature of industry stablishment in ed or (employer)  Lechard al  PLACE HER OR COUNTRY)  NAME OF COUNTRY  PLACE THER OF COUNTRY  THER OF C	rland liison Tyland Engle Tyland		(Signed)  State Wiolent Cause Accidental, State Incompany  18 LENGTH OF ients, or Recer At place of death yrs.	4 1/2 11 (Dw ) (Dw ) (Address).  Disease Causins, state (1) Meandedal or Homical RESIDENCE (It Residents)	montine and a second of Injidal.	or, in deaths frury: and (2) whether the sitals, Institutions, e
PARENTS (P) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	CCUPATION ) Trade, proparticular kind ) General results as increased in the moloy  RTHPLACE (State or compart of the moloy  RTHPLACE (State or compart of the moloy  11 BIRTHI OF FATILE IN MAIDE: OF MOLOGICAL COMPART OF	fession or I of work  Atture of industry stablishment in ed or (employer)  Ountry)  Acry  PLACE HER Or country)  N NAMB Acrgaret  PLACE THER Or country)  IS TRUE TO THE BE  J.M. Baxt	yland  Yland  Yland  Engle  Yland  Est of MY KN  Ger. A.D.  derick Ma	OWLEDGE	(Signed)  State William Cause Accidental, St.  18 LENGTH OF fents, or Recer At place of death	4 1/2 11 (Dw. (Dw. (Address).  Disease Causins, state (1) Meandedal or Homical RESIDENCE (It Residents)	Death ns of Injidal,  For Hosp  In the State	or, in deaths frury; and (2) whet

STATE OF MARYLAND

from "The Centy" 1/21/20 rature

# REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

m..ture of the business or industry, and therefore an mary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (t) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necess Civil engineer, Stationary firemen, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, rared in domestic service for wages, as Servent, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housevoyle, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Whatever, write None. usred 6 yrs.). For persons who have no occupation 1 usiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed

ed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-MASE CAUSING DEATH (the primary affection with respect spinai meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"): fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the pispreumonia, Bronchopneumonia ("Pneumoula."

> symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Caneer" is less definite; avoid myes, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the eauxe. Aiways qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Whooping cough; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuli, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Purperal sopticaemia," "Purperal peritonitis," etc. Powoned by carbolic acid-probably suicide. The na-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvulur heart disease; Struck by railway "Coma," "Con-(second-(merely (disease

ence. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before certificate is permanently filed.

FOR BINDING

V. S. No. 1

STATE OF M	ARYLAND-	-CERTIFICATE OF DEATH 07012
1. PLACE OF DEATH		(53)
County Frederick		Registration Dist. No. /3/ -
Village or City Frederick	the C	No. St., Ward
	()	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur		s. ds. How long in U.S. if of foreign birth?yrsmos. ds.
2. FULL NAME Milton Martz A	0 1	
(a) Residence: No. #2	alplace of abode)	• St., Ward.
PERSONAL AND STATISTICAL F		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	E. MARRIED, WIDOWED.	21. DATE OF DEATH
OR D	VORCED (write the word)	102
	ngle	(Monin) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That Jatterfied deceased from
		Novelt 1900 infinelle 19
6. DATE OF BIRTH (month, day, and year) Nov. 2	5, 1923	I Jest saw h 1m alive on sell to 190 ; death is said
7. AGE Years Months D	lf LESS than 1 day, hrs.	to have occurred on the date stated above, at 1.1
7 6 1	6 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance we'd as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	ome	strengt of shints was
SAWYER, BODKKEEPER, etc. 9. Industry or business in which		of Have offered Dans 1st.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	I - The same	But Derbut 1931
	. Total time (years)	Holeson theren
this occupation (month and year)	spent in this occupation	Hopely some of pay is
tz. BIRTHPLACE (city or town) Maryland		Other Contributory Causes of Importance
(State or country)		Matt = Simmol I will
🖺 13. NAME Ward A. Angleberge	the same of the sa	Tully In- and Stand Man
13. NAME Ward A. Angleberge 14. BIRTHPLACE (city or town) Maryla	nd	Name of operation Party Marine 1 1 Page by
(State of country)		Whet test confirmed diagnosis? Margin - My was the an autopsy 1)
15. MAIDEN NAME Effic C. Martz.  16. BIRTHPLACE (city or town)  (State or county)		23. If death wes due to external causes (VIAL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
(State or country)  Mr. Ward A. Anglebe	man man	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Frederick, Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)		
18. BURIAL, CREMATION, OF REMOVAL Place Mt. Olivet Cemetery Data	June 1331	Manner of injury
M. R. Etchison & So		Nature of injury
19. UNDERTAKER Frederick, Md.		24. Was diseasa or injury in any way related to occupation of deceased?
(Address)	me o	If so, specify
20. FILED 2 June 1931= 100 /	Hunda	(Signed) M. D.
To many blocks are	Registyler.	(Address) - flaggard, 2411 N. Charles Street, Boltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	

CERTIFICATE OF DEATH OCCUPA should County Registration Dist. No. St., Ward Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of That I attended deceased from CERTIA (or) WIFE of deeth is seld 6. DATE OF BIRTH (month, dev. and year). properly 7. AGE Months to have occurred on the date stated obove, at Days 63 The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_min. were as follows Date of onset 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ pinods may 9, Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceesed last worked et 11. Total time (years)
spent in this this occupetion (month end that year) \_\_\_\_\_ occupation. Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town plain (Stete or country What test confirmed diegnosis?\_\_ Wes there en eutopsy? carefull MOTHER 15. MAIDEN NAME important 23. If death wes due to external causes (ViOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should very CAUSE OF (Address) 18. BURIAL CREMATION. Manner of injury LION Nature of injury 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Valtimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

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	Example I		Example II		
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUL 6 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	LS	1921	Run over by street car	1 week ago	
Corebral hemorrhage	ENGLISHED STATE	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

RESERVED

MARGIN

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Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIAN	ľ
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infor-

plnods

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		REMINIST	9
Oc. contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Br. Headges

V. S. No. 1

	County	Frederick			(13)	Registration	Dist. No. / 3	4
X	Village or C		toling		No. f death occurred in a hospital or instit	ulion, give its NAMI	St.,	
	2. FULL NAI	dence in city or town where	Trans	ees Bace	s. 2 ds. How long in U.S. if	of foreign birth?	yrs	mos ds
	(a) Residen	ce: No.	(Usual pla	ce of abode)	USt., Ward.	If nonresident	give cily or town a	nd State
	PERSON	AL AND STATIST	ICAL PAR	TICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
j	SEX  Lewsle  If married, widow	4. COLOR OR RACE	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	(Month)	13 (Oay)	, 193 / (Year)
52	HUSBAND of (or) WIFE of	Theolore	Boee	enger	Jan /	Y CERTIFY	Y. That I attended	ed deceased from
6.	DATE OF BIRTH	month, day, and year) ~~	uch:	1141882	Clast saw h alive on	6-13-	3/ 19	: death is said
-	AGE Year		Oays &	If LESS than 1 day,hrs.	I THE I RINGH AL CAUSE OF DEA			
NOI	8. Trade, profes kind of w SAWYER.	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	House	ormin.	were as follows:	Kamons	Roge	Oate of onset
100	9. Industry or 1 work was SAW MIL	ousiness in which done, as SILK MILL, L, BANK, etc	Ocen	Home	artero	chock	57	7.1.90
000	10 Oata decease this occup year)	nation (month and / /,,	19 5	I time (years) pent in this coupation 26	Other Contributory Causes of Imp			
12	BIRTHPLACE (cit (State or coun		arylon	d	Chronie	1x y per fre	the second	y year ay
HER	13. NAME	John a	. Doe	loson			4	
FATH	14. BIRTHPLACE (State or		mant	buy	Name of operation	Brissel y La	Date of	n autopsy?
THER	15. MAIOEN NA	5	rue!	Hanglilin	23. If death was due to externat ca		In elso the follow	Ing:
MOT	16. BIRTHPLACE (State or	(city or town)	enfiel	floores	Accident, suicide, or homicide? Where did injury occur?			
17.	. INFORMANT (Address)	Heafare	tobel	Level	Specify whether injury occurred i	in INOUSTRY, In HO	town, county and S ME, or in PUBLIC I	tate) PLACE.
18	BURIAL, CREMATI	· 40 2	L Oata	6/15,1931	Manner of injury			
19	. UNOERTAKER (Address)	The F	Shings tol. It	1.0	24. Was disease or injury in any v	way related to occupa	ntion of deceased?	no
20.	FILEDALINE	14,1931 M	1. 886	hull	(Signed)	18. Or	48	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	bate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Tellerich	Registration Dist. No. 134
Village or City Courts Ours	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Dutterny Sen 1	Br et:
(a) Residence: No. Mt. St. Marip Sen	ustary Ward. Baltimore at
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR PHYORCED (awrite the word)	21. DATE OF DEATH
a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw him alive on 19.3 6, to 19.3 / doath is said
AGE Years Months Oays If LESS than	to have occurred on the data stated above, at 193; death is said
5-9 1,4 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Date of oneet
The state of the s	Chefus Tectorio Just
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Oata daceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME datica Prating	1 2 7 7 6
14. BIRTHPLACE (city or town) Mcha Alana	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Mes
15. MAIDEN NAME Mary Juleon CC	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Data of injury
The ORILL	Where did injury occur? (Specify city or town, county and State)
(Address) Seeffre Person	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CRESISTION, OR REMOVAL COM	Manner of injury
Place 78 oly cross oate fuse 30, 1931	Nature of injury
UNDERTAKER At Jomos Planardson	24. Was disease or injury in any way related to occupation of daceased? 2/2
(Address)/ Steelton Pa	If so, specify
FILED June 25, 1931 M. F. Shuff	(Signed) Christy & Waster M. D.
If more blanks are needed, address State Registrar, 2	(Address) ! Leekest Dear Till

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
T @ July 5, 1927	Peritonitis	3 days ago
ce:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Peritonitis  Other contributory causes of importance:

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	. IIII a 1993	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	B1   1   7   7   7   7   1	July 5, 1927	Peritonitis	3 days ago
	P			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CORD  d EXACTLY, PHYSI- bry classifled. Exact	Village or City Monterue (N. Hospe	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 13/1  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
A PERMANNT INTERPRETATIONS on back of certifications of the certifications o	PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  SINGLE,  MARRIED,  WIDOWED,  OR DIVORCED  (Write the word)  6 DATE OF BIRTH  (Month)  (Day)  (Year)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1923/. to 7, 1923/. that I last saw herealive on 1923/.
ARGIN RESERVED FO INFADING INKTHIS IS id be carefully supplied. A DEATH in plain terms so ry important. See Instruct	7 AGE    Sample   Sam	and that death occurred on the date stated above, at
WRITE PLACE WITH the state of the state cause of attement of occupation is	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Tuderick  Mal  (Address)  Aud  (Address)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death 2 yrs. 3 mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence Moultane Application of the State o
N. S. No. 1	Filed / Dure 187: Do McCurly, Registrar  If more branks are needed, address State Registrar	20 UNDERTAKER  ADDRESS  Albert V. Klyon Frederick My, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, W. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive ongineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a r," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on leignus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular etc. Nomenclature The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDING

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	07020
DEATH			GV			

	1 6/
County Frederick	Registration Dist. No. / 36
Village or City Koke Hill	No Ct W-1
Length of residence in city or town where death occurred.	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. 4. How long In U.S. if of foreign birth?
20 0 00	44
2. FULL NAME Melen Me Con	oll.
(a) Residence: No. 16 of Le Mall. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()
Female Colored OR DIVORCED (write the word)	June 8 1931
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
11	June 6 , 1931, to June 7 , 1931
6. DATE OF BIRTH (month, day, end year) 13 /930 7. AGE Yeers Months Days If IFSS than	I last saw h alive on
7. AGE Yeers Months Deys If LESS than 1 day,hrs	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end related causes of importance
2 24 ormin.	wero as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	B
9. Industry or business in which	Pronehial
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date decesed last worked et this occupation (month and spant in this	V Allemones
yeer) Occupation	
12. BIRTHPLACE (city or town) Hope Heill	Other Contributory Causes of importance:
(State or country) Modryland	Missles
13. NAME Solm 6. Carroll 14. BIRTHERACE (city or town) Hoofre Heill	
14. BIRTHPLACE (city or town) Hoofie Hoill	Name of operation
(State or country) Ma aryland	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Addee Me- do se.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME STANGE MG- 26 20.	Accident, suicide, or homicide? Date of Injury, 19
(State or country) to aryland	Where did injury occur?
17. INFORMANT John & Carroll	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hocak Junction	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece de pre tout Date June 9., 1931	Nature of injury
19. UNDERTAKER Thomas J. Taice	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Frederick Med	If so, specify
20. FILED from 0, 19.31 Toffendraken	(Signed) M. D.
Registrar.	(Address) the devel me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Oner contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<b>V</b> 341			

	WRITE ory Item
V. S. No. 1	N. B.

	0.021
PLACE OF DEATH	STATE OF MARYLAND
County Ire dereck	CERTIFICATE OF DEATH
	Registration Dist, No./ 3
Village or City Mouthers Hospital 2FULL NAME Lloyd Carter	St.: Ward) (if death occurred a hospital or institution, give its NAME isted of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall Color OR RACE SINGLE, MARRIED, Dury of DIVORCED (Write the word)	Le 16 DATE OF DEATH JULE J. 8, 198 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (	17 I HEREBY CERTIFY, That I attended the deceased fro  May 1 193 to 193/  Year) that I last saw him, alive on while 2 7 , 197/
7 AGE  If LESS I day.  or mos. ds. or	S than and that death occurred on the date stated above, at
B DCCUPATION (a) Trade, profession or	angenes Pectores
particular kind of work Way dalv? (b) General nature of industry	u.
particular kind of work way daln't	Contributory Oxford Sclerosco Secondary
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Contributory Release Sclerosco Secondary  (Signed). Duration) yrs. 6 + mos
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Contributory Secondary  (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place   A
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary  Duration)  (Signed)  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trarients or Recent Residents)  At place of death was disease contracted, if not at place of death?  Where was disease contracted, Transport of the State of the St

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, nature of the business or industry, and therefore an tion applies to each and every person, irrespective or cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The Laborer-Cool mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely corbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., ol approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic etc. valvular heart The contributory diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

S	TATE C	F MAR	YLAND-	CERTIFICATE	OF DE	ATH ()	:022
1. PLACE OF DEAT	Н	Within the	0000				
County Frede		- and the Mile	Corporate Hi	ula.	egistratio	n Dist. No	131
Village or City Fr	ederick		/16	No. 331 C. 3	ion give its NA	ME instead of street.	
Length of residence in cit	y or town where	death occurred		ds. How long in U.S. if of			
2. FULL NAME WS	lliem E	ernest De	rner.				
(a) Residence: No.				St., Ward.			
(u) Nooidonoo. No.		(Usual place	of abode)			nt give city or town	
PERSONAL AN	D STATIST	ICAL PARTI	CULARS		ERTIFICAT	E OF DEAT	H
male whi	or race	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH	June (Month)	21st. (Day)	1 , 193. (Yeer)
Sa. If married, widowed, or divor							1
(or) WIFE of Norm	a Zittl	е.		Rung 3	CERTI	Ruce 2	
PART OF SIRVEY		pt. 29,	1870	Wast law him alive on	Quine		2/_; death is said
6. DATE OF BIRTH (month, day	Months	Days	If LESS than	to have occurred on the date state	d above, at 5	A. m.	
60	8	22 Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related ca	uses of importance	
8. Trade, profession, or pa kind of work done, SAWYER, BDOKKEE	rticular as SPINNER, A	uctioneer		Chesui	e m	yourdi	Les 1939
9. Industry or business in work was done, as S SAW MILL, BANK, e	which				0		
1D. Date deceased last wor this occupation (mon year)	ked at	spe	ime (years) ntin this upation /				
	Marylan			Other Contributory Causes of impo	rtance:	:+	
12. BIRTHPLACE (city or town) (State or country)				Curous	nogu	nue	
13. NAME Henry	Darner .						
14. BIRTHPLACE (city or to	wn) Mary	land.		Name of operation		Date	of
(State or country)	37	1 7.		What test confirmed diagnosis?		Wes there	an eutopsy?
15. MAIDEN NAME MOLT		et Edmond	ds.	23. If death was due to external cau	ses (VIOLENCE	fill in also the folio	wing:
16. BIRTHPLACE (city or to	Maryl	anu		Accident, suicide, or homicide?		Date of injury	, 19
≥ (State or country) Mrs.	W. E. I	arner.		Where did injury occur?	(Specify city	or town, county and	State)
17. INFORMANT Prede (Address)	rick, Md	•		Specify whether injury occurred Ir	INDUSTRY, In	HOME, or in PUBLIC	C PLACE.
18. BURIAL, CREMATION, OR R				Manner of injury			
Place Middleto	Etchison		ne 24, 19.31	Nature of injury			
19. UNDERTAKER Fred (Address)				24. Was disease or injury in eny w	ey related to occ	cupation of deceased	, Ks
20. FIL <b>23</b>	es) Q 5	haftu	C.C. Registra	(Signed) (Address)	Elere	Klen	M. D.
U	If more	blanks are seeded,	address State Registrar,	2411 N. Charles Street, Baltimore, Re	questing V. S. I	Vo. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	>	Example II		
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset  1 week ago	
Combrel beneralise	1921	Run over by street car	1 week ogo	
Corebrol homorrhage	July 5,1927	Peritonitis	3 days ugo	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County frederick	CERTIFICATE OF DEATH Registration Dist. No. 138
Village or City Kemptows (No. 2FULL NAME John F. Va	St.: Ward)  St.: Ward)  a hospitul or institution, give its NAME listead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male The Witte (Write the word)	16 DATE OF DEATH    Wa
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1921. to line 1, 1921 that last saw h km alive on June 9 th 1921
7 AGE [If LESS than I day hrs. or min.?	// 07.5
OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) Jyrs inos de Contributory Aka Klaxy Secondary  (Duration) Jyrs inos de Contributory Aka Klaxy  (Duration) Jyrs inos de Contributory Jyrs inos inos or Recent Residents)  At place of death Jyrs inos de Contributory Jyrs inos inos inos inos inos inos inos ino
(Informant) Fuelton Plavio (son) (Address) Monnaur ta Malana  Filed Jeene / 193/ Lucian / Halanas Registra	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Remployer Com June /3, 193/ 20 UNDERTAKER  ADDRESS
If more banks are needed, addre a state Registrar	16 W. Saratora St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loconotive engineer, Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer. Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus,
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; affection need not be etc. The contributory "Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r te r	1	SIAIE	OF MARYLAND-	-CERTIFICATE O	P DEATH	0.024
infor- state UPA-	1. PL	ACE OF DEATH		(48)		-
5	/ Co	unty Frederices.			Registration Dist. No.	153
tem of should if OCC	1/	lage or Gity Was de	110	At a	Registration Dist. No	
sh of	/ v"	lage of only, company	mong -	If death occurred in a hospital or institution	n, give its NAME instead of street	t and number)
NS NS	Ler	igth of residence In city or town who	ere death occurred Ours mo	os ds. How long In U.S. if of fo	oreign birth?yrs	mos ds
Every CIANS tement	2. FU	LL NAMEALLES	lorde a les	rel him		
D. J. SIC	(a)	Residence: No. Wag /	comille ell	St., Ward.		
S X Ts	(-,		(Usual place of abode)		If nonresident give city or tow	n and State
PEC(		RSONAL AND STATE	STICAL PARTICULARS	MEDICAL CE	TIFICATE OF DEAT	гн
Z . Š	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1. 95	. ,
1	Jem	ale white	widowed	X	(Month) (Day)	, 193 (Year)
NG NEW Fled	5a. If mare	ried, widowed, or divorced DANO of WIFE of	· 11 ·			
DI TA A C	(or)	WIFE of Ellis 1.	Developse		CERTIFY, That I atte	ended deceased from
BIND FERM EXA EXA y class			may 21 1873	I last saw held alive on 2	1-1	193/
B PE PE	7. AGE	F BIRTH (month, day, and year)  Years   Months	Days If LESS than	to have occurred on the date stated a	1110	) (; death is sai
OR OR ated	II AIGE	58 1	5 1 day,hrs	The PRINCIPAL CAUSE OF DEATH	\ /	
F(	8 Tr	ade, profession, or particular	ormin.	were as follows:		Date of onsat
D Pe Po	a	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		(21000	-1-0	17-2.
E E E E E	9. In	dustry or business in which	71 11 1	67 (1002	111	200
The man man ban ban ban ban ban ban ban ban ban b	3	work was done, as SILK MILL, SAW MILL, BANK, etc.	munc	1 Tune	W.	Tes
IN IS	10. Da	te deceased last worked at this occupation (month and	11. Total time (years) spant in this			
RESERVED G INK—THIS AGE should be that it may be ons on back of		year)	ecupation	Other Cootributory Caoses of Importa	Pro-	
N 4 1 S	12. BIRTH	PLACE (city or town) M	aryland	Wetastesis	of abdam	ud 142
GII AL ed. S, 8	1	ate or country)	1 . 0	Viscera	<i>f</i>	
NF NF ppli ppli inst	13. NA	ME Powert	Barrick		2	
MARGIN H UNFADI supplied. in terms, so	13. NA	RTHPLACE (city or town).		Name of operation toxu	lu claug Date	or lack 31
S S		(State or country)	argiana	What test confirmed diagnosis?	boxalory Was there	e an autopsy?
n b b	15. M/	AIOEN NAME	Maugh	23. If death was due to external causes	s (VIOLENCE) fill in Viso the foll	lowing:
Y, 'are H i	O 16. BI	RTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury	19
INLY, be can EATH import	Σ	(State or country)	aryfana	Where did injury occur?	/6 4	777
	17. INFORM	MANT Roger	3 Smith	Specify whether injury occurred in 11	(Specify city or town, county and NOUSTRY, in HOME, or in PUBLI	d State) IC PLACE,
PLA hould OF D		idress) Situ	& Penna			
5-3 (0		, CREMATION, OR REMOVAL	spade bem.	Manner of injury		
	Pla	ce Walnervell	Date (195	Nature of injury		
-WRI matior CAUS	19. UNDER	TAKER TOURS! (ED	y. Putman	24. Was disease or i july in any war	elated to occupation of deceased	d?
2 1	(Ac	idress) Walke	roville ma	If so, specify	Thus P	
7.	20. FILED	une 27 103 1m	so Yulu Wrish	(Signed)	* / " Lu	M. M.
74		, , , , , , , , , , , , , , , , , , , ,	Registrar.	(Address)	unosto l	C 41
		If m	ore blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore Reque	esting U. S. No. 1.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 7 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	100			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ADDITIONAL	AL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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(1703) STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 132 perly classif ertificate. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. back OR DIVORCED may hould (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That Lattended the deceased from that struction (Month) (Day) (Year) that I last saw h IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. supplied. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION 0 (a) Trade, profession or CO barticular kind of work plai (b) General nature of industry business, or establishment in (Duration) ı which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 4 (Durstion) . EW OO 10 NAME OF CF FATHER S M S 11 BIRTHPLACE ENTS OF FATHER \*State the Liseaso Causing Death, or, in deaths from 07 Information state CAUS Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns X ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death .....yrs......mos......ds. Item of I s should nent of Oc (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea h?..... Former or usual res.dence CIANS DATE OF BURIAL Every C:AN nne 22 20 MNOERTAKE ADDRESS If more banks are needed, addre. s Ltate Registrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mina, etc. Wom-Civil engineer, Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic etc. The contributory valvular heart Measles; disease; death

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JUL 6

1PLACE OF DEATH	STATE OF MARYLAND
Harles	CERTIFICATE OF DEATH
	Registration Dist, No. /3/
Village or City # 10 Mo. (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME 18Cily 12by 9	mest stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL/CERTIFICATE OF DEATH
3 SEX ACOLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That Vattended the deceased from
	and that death occurred on the date stated above, at A A m.
a) OCCUPATION (a) Trade, profession or particular kind of work	Jemany Bull
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos y de
9 BIRTHPLACE (State or country)	Contributory Secondary State Of the State of
10 NAME OF TONY CHIEF	(Signed) M. D.
OF FATHER  (State or country)  12 MolDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Julie him	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Any Control	usual res.dence
(Address) ff Admil	but Olive Cen. het augure 10, 193/
Filed 10 June 1921 Iraj melusles Registras	Roy Crost Frederick
If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Flanter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

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PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on hack of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	67027
1. PLACE OF DEATH .		(59)		
County Frederick			Registration Dist. No.	134
Village or City	tslines	9 /A /C 2 No. #3		St.,Ward
leasth of midden in the case of	2111	death occurred in a hospital or institu		street and number)
Length of residence in city or town where deat	h occurred yrs, mos	How long in U.S. if o	f foreign birth?yrs	mos ds.
2. FULL NAME COLOR	y Eliza E	yster		
(a) Residence: No.	(UsuaIplace of abode)	St. Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICATE OF DI	EATH
Jewal 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, O OR DIVORCED (write the word) 1		6- 16 (Month) (Day)	. 3/
5a. If married, widowed, or divorced		. r	, , , , , , , , , , , , , , , , , , , ,	
HUSBAND of Hace w.	Eyster.	1 HEREBY	CERTIFY, That I	4 4 73 /
6. DATE OF BIRTH (month, day, and year) W	arch 29 - 1863	I last saw how alive on	6-9-	, 193/; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data state	ed above, at 734 m	
68 2	/ l day, hrs.	were as follows:	TH and related causes of import	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/ / //	Deabeles	nellis	ebret 1925
NOTE OF THE PROPERTY OF THE PR	ouse work	nephritis	7	" 1920
work was done, as SILK MILL, SAW MILL, BANK, etc.	on Home	arteriord	eroses	1970
10. Date deceased last worked at	11. Total time (years) spent in this			
this occupation (month and 1/1/2.	spent in this 40	178		
12. BIRTHPLACE (city or town) Rock	ville	Other Contributory Causes of Impo	irtanca:	1928
(State or country)	anyloud	7.080x 2.000	cucing ag.	1930
13. NAME Learn E.	Lingue	71 311 1		7.00
14. BIRTHPLACE (city or town) Roe	levice)	Name of operation	ne	Detect
(State or country)	ranford	What test confirmed diagnosis?	viced y Cabratore	there an autopsy?
15. MAIDEN NAME Wary	Erlines	23. If death was due to extarnal cau		
16. BIRTHPLACE (city or town) (State or country)	kville o	Accident, suicide, or homicide?		
4. 8	& for	Where did injury occur?	(Specify city or town, coun	ty and State)
(Address)	itsting wil	Spacify whether Injury occurred In	INDUSTRY, in HOME, or In P	UBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Date 6/12 1031	Manner of injury		
Place volume unique	Date 6 / 12 , 19 3/	Nature of injury		
19. UNDERTAKER W. J. Dh. (Address) Eurutal	If find	24. Wes disease or injury in any wa		reased? No
20. FILED Chane 11 , 1931 2M.	of Shall	(Signed) W	10 Wadle	
	fral Repostrar.	(Address)	untitle,	Mo
If more blan	iks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Rec	questing V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes		Example II		
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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Arterioselerosis	9) 1391	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	ATIV	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	y A III	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of import	ance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR'	THER STATEMENTS B	BY PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ( ) H V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		=	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A te	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(53)
	he county Frederick	Registration Dist. No. 145
item of should of OCC	Village or City Myersvelle Md.	No. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or tewn where deeth occurredyrsn	iosds. Hew leng In U.S. if of fereign birth?yrsmesds
CORD. Every PHYSICIANS oct statement	2. FULL NAME Mary Susan For	-d
rs.	(a) Residence: No.	St., Ward.
RECORD PHYS Sxact sta	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
r RECO Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	Jemale While married	(Month) (Day) (Year)
	5a. If married, widewed, er diverced HUSBAND of (er) WIFE ef	22. HEREBY CERTIFY, That I attended deceased from
	Twitten you	I last sawn Malive on June 28, 193/ death is sai
PEI PEI d E surly cate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Menths Days' If LESS than	to have occurred on the date stated bove, at 9 Am.
FOR B. IS A PE stated E properly certificate	45 8 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of impertance
- 10	8. Trede, profession, or particular kind of werk dene, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Date of once
VED THI	9. Industry er business in which	Carcinoma of bram
ERVI VK-T should it may n back	werk wes done, as SILK MILL, SAW MILL, BANK, etc.	mo maxasonum
Si H F to	10. Date deceased last worked at this occupation (month and year) occupation	
Z ~3	12. BIRTHPLACE (city or tewn)	Other Contributory Causes of Importance:
GIN AD ed. s, s	(State or country)	
	13. NAME Somuel 7. / Time	I form bles
= - 00	14. BIRTHPLACE (city er tewn)	Name of eperation Summer Control Date of after
	# 15. MAIDEN NAME Coline Them	What test confirmed diagnesis? / WCLUS COTTLE . Was there an autopsy? / 23. If death was due to externel couses (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city er tewn) (State or country)	Accident, suicide, er hemicide?
INLY, be ca EATH import	S (State or country)	Where did Injury eccur? (Specify city or town, county and State)
PLAI hould OF DF	17. INFORMANT CALL TO CALL (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	18, BURIAL, CREMATION, OR REMOVA	Manner of injury
WRITE ation s AUSE ION is	Place Place Date Date 193	Nature of injury
-WRIT	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
* +	(Address) myervele ma	If so, specify  (Signed)  (Signed)
> Z	20. FILED JUNE 20, 4931, Villiams D, Wachtel Registrar.	(Address) Muddle four met

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LEUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

loborer, whatever, write Nonc. tircd 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Serumt, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return."Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Collon mill; (a) Salesman, without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. The material Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, (b) Grocery,

Statement of Gause of Death—Name, first, the pisses EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" Examples: Accidental drowning; Struck by railwoy traincan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on for malignant neoplasms); Meosles; Chronic etc. The contributory valvulor heart Nomenclature Always qualify all disease;

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V. S. No. 1

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2FULL NAME  PERSONAL AND STATYSTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED. WIDOWED. GR DIVORCED (Write the word)  5 SINGLE. MARRIED. WIDOWED. GR DIVORCED (Write the word)  7 AGE  15 LESS than I day. hrs. I day. hrs. James. Ja	11		07032
Village or City Late Samilloon W. St.: Ward (If death occurred in Institution, give its NAME in record of the American Street and State of BIRTH Street Samilloop (Write the word)  PERSONAL AND STATISTICAL PARTICULARS  3 BEX		PLACE OF DEATH Origina	STATE OF MARYLAND
Village or City Addiess And Statistical Particulars  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 BEX  4 COLOR OR RACE  5 SINGLE  MARRIED  (Month)  (Day)  (West  World the word)  5 DATE OF BIRTH  5 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (mployer)  5 DISTIPHACE  OF PATHEK  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  10 NAME OF CATHER  (State or Country)  11 DIRTIPHACE  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  12 AMIDEN NAME  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  13 DIRTIPHACE  OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUET TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  13 MR AGGIEVES  Registror  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Vear)  (Month)  (Month)  (Day)  (Vear)  (Month)  (Month)  (Day)  (Wear)  (Month)  (Month)  (Day)  (Vear)  (Month)  (Month)  (Day)  (Vear)  (Month)  (Day)  (Vear)  (Month)  (Day)  (Vear)  (Month)  (Day)  (Wear)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Mont	1/	County et rederick.	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 BEX  4 COLOR OR RACE  MARRICULARS  6 DATE OF BIRTH  TO AGE  [Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (	X	0++0	Registration Diat. No. 139
3 SEX  A COLOR OR RACE  WINDLES, WORKES, WORKES, WORKES, WORKES, WORKES, WORKES, WINDLESS, WITHOUT CONTROL OF BIRTH  FIRST STATE OF	Vi	O lesson of	tion, give its NAME instead of atreet and
3 SEX A COLOR OR RACE MARRIED.	=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED WITCH STORMERS (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Light Stormers WILLESS than I last saw hamalive on Many 3. 1923 and that death occurred on the date stated above, at 9. Im. The CAUSE OF DEATH was as follows:  18 DECUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF PATHER  13 BIRTHPLACE (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed  16 DATE OF BURIAL  MORALL STORMERS (Month)  17 I HEREBY CERTIFY, That I attended the deceased from I last saw hamalive on 10 Many I last saw hamalive	3		
I HEREBY CERTIFY. That I attended the deceased from (Month) (Day) (Year)  TAGE    If ILES than I last awa ham alive on	V	MARRIED, Married	JM2 / 19 3
TAGE    If LESS than   day   hrs.	6		
TAGE    If LESS than   day   hrs.		to 1 28 1873	april 2 1993/10 June / , 1983/
Social and the secondary of the secondar		(Month) (Day) (Year)	that I last saw ham alive on May 31, 19231,
Contributory  Secondary  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  A CAddress)  A CADDRESS  WE registrar  ME OF BURIAL OR REMOVAL  DATE OF BURIAL  DA	7	AGE	and that death occurred on the date stated above, at 9 4 m.
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF OF MOTHER  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  A GARDERS  (Informant)  A GARDERS  Toldand  Registrar  (Sale of Countral Address)  A GARDERS  MERITHPLACE  OF MOTHER  (Informant)  A GARDERS  (Informant)  A GARDERS  MERITHPLACE  OF MOTHER  (Informant)  A GARDERS  MERITHPLACE  (Informant)  A GARDERS  MERITHPLACE  OF MOTHER  (Informant)  A GARDERS  MERITHPLACE  OF MOTHER  (Informant)  A GARDERS  MERITHPLACE  (Informant)  A GARDERS  MERITHPLACE  (Informant)  A GARDERS  MERITHPLACE  (Info			The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address	1		
(Signed)  Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homodial.  13 BIRTHPLACE OF MOTHER OF MOTHER (State or Country)  (Informant)  A HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (A	11	(a) Trade, profession or	1 sumonary / workwork
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed  19 PLACE OF BURIAL OR REMOVAL  Registrer  (Registrer  (Registrer  (Durstion)  (Signed)  (Durstion)  (Signed)  (Durstion)  (Signed)  (Durstion)  (Signed)  (Durstion)  (Signed)  (Durstion)  (Dur	Pho.		
Signed Contributory Secondary  Contributory Secondary  (Durstion)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Address	J	business, or establishment in	(Durstion) yrsmosde.
(State or country)  ID NAME OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF MOTHER  OF MOTHER  (Informant)  (Address)  A A Country  (Informant)  OF MOTHER  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Add	1		
11 BIRTHPLAGE OF FATHER OF MOTHER OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (	9	(State or country)	1 1 DR
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (A	-	10 NAME OF A	lours to Shalin.
OF FATHER (State or country)  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  OF MOTHER  (State or Country)  15 Filed  19 PLACE OF BURIAL OR REMOVAL  Registrar  State the Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensisents or Recent Residents)  At place of death Where was disease contracted, if not et place of death?  Former or usuel residence 4.44.  State The Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensisents or Recent Residents)  At place of death?  Former or usuel residence 4.44.  State The Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensisents or Recent Residents)  At place of death?  Former or usuel residence 4.44.  State The Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensisents or Recent Residents)  At place of death?  Former or usuel residence 4.44.  State The Disease Causing Death, or, in deeths from Accidental, Suicidal or Homicidal.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL O		FATHER John, ctres	Or the the
OF MOTHER Day  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  19 PACE OF BURIAL OR REMOVAL  Registrar  18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trensients or Recent Residents)  At place of death yrs mos 7 ds State 5 yrs mos ds Where was disease contracted, if not et place of death?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  BADRESS  M. L. CLAGH  ADDRESS  M. L. CLAGH  LINE MOTHER  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  M. L. CLAGH  LINE MOTHER  ADDRESS  M. L. CLAGH  LINE MOTHER  ADDRESS  M. L. CLAGH  LINE MOTHER  ADDRESS  M. L. CLAGH  LINE MOTHER  19 PLACE OF BURIAL OR REMOVAL  LINE MOTHER  ADDRESS  M. L. CLAGH  LINE MOTHER  19 PLACE OF BURIAL OR REMOVAL  LINE MOTHER  ADDRESS  M. L. CLAGH  LINE MOTHER  19 PLACE OF BURIAL  M. L. CLAGH  LINE MOTHER  19 PLACE OF BURIAL  M. L. CLAGH  M. L. CLAGH  LINE MOTHER  19 PLACE OF BURIAL  M. L. CLAGH  M	S		
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  19   Address   Late   Sandar   Late	Z		Violent Causes, state (1) Means of Injury and (2) Whether
At place of death yrs mos des.  At place of death yrs mos des.  Where was disease contracted, if not et place of death?  Former or usuel residence 444 Yreenmount are. Balby  (Address) tate sangtonin had  (Address) tate sangtonin had  Registrar  Registrar  Registrar	PARE		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
(Informant) W. G. Gardner  (Address) State Sangaroum his Registrar  Where was disease contracted. M. W.		OF MOTHER	At place / /7 In the 5
(Informant) W. a. yardner  (Address) Itale Sangform hy.  (Address)	14		
(Address) State Sangform Md. Baltimore Md. influoren  15 Filed 191 A Registrar N. L. Clager Murmont		man land	
Filed free 191 Registrar M. L. Creager Murmont		(Address) State Sangtown hid.	Baltimore Md. DATE OF BURIAL Influences
	15		20 UNDERTAKER ADDRESS MC
	=		16 W. Seratora St., Beito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthèria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by roilway train diseases causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Committee on Chronic etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

6.033

1. PLACE OF DEATH  County Frederick					82-0	
					Registration Dist. No./3/—	
Village o	Village or City Near Braddock Heights.			(if	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds	
		arion Cla				
	dence: No.	1	(Usual place	P	St., Ward.  If nonresident give city or town and State	
PERSO	ONAL AN	D STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			OR DIVORCE	D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
HUSBAND C	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Matilda A.				i HEREBY CERTIFY, That I attended deceased from 19.3 (, to ) 27., 19.3 /	
6. DATE OF BIRTH (month, day, and year) MAUSIIST 11, 1859 7. AGE Years Months Days If LESS than 1 day,				If LESS than	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was done, es SILK MILL,				, vi	Januly ais Lift	
SAW 1D. Date dec	SAW MILL, BANK, etc			nt in this	Dither Contributory Causes of importance;	
12. BIRTHPLACE (city or town) Maryland . (State or country)			d•		artero 3 clerosis	
13. NAME		Fulmer.				
13. NAME 14. BIRTHPL (Stat	ACE (city or to te or country)	wn) Maryl:	and		Nama of operation	
15. MAIDEN NAME Rebecca Himes.  16. BIRTHPLACE (city or town)  (State or country)  Mrs. Matilda A. Fulmer.			and		23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?	
17. INFORMANT Frederick, Md. R. D. # 6  18. BURIAL, CREMATION, OR REMOVAL			d. R. D.	# 6	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury	
M. R. Etchison & Son.  19. UNDERTAKER Frederick, Md.  20. FILED Jysum, 1931				9. 30,,19. 31	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH 07034
1. PLACE OF DEATH	(53)
96unty Frederick. Within the	Corporate August Registration Dist. No. /3/
/Village or City Frederick.	No. St., Ward
/ (If	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos ds.
	Total Maria
2. FULL NAME Mrs. Naomi Phebus Geisbert.	
(a) Residence: No. 350 E. Third St.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH  June 14.,  (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of Stewart A. Geisbert.	22.   HEREBY GERTIFY, That I attended deceased from
Oct. 8, 1899	Jan by 19 1. to grand fr. 19 11.
6. DATE OF BIRTH (month, day, and year)	Glast saw h C elive on Just 14 1931; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date sated above, at 11.30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
orinin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Soloma 179
9 Industry or husiness in which	D2000.
work was dona, as SILK MILL, SAW MILL, BANK, etc.	JVIII I
SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)  year)  11. Total time (years)  spent in this occupation	1031
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	Welsely, Don't
E 13. NAME George T. Phebus.	Computation of the
Habitand 13. NAME George T. Phebus.  14. BirthPlace (city or town)  (State or country)	Name of operation of the state of LZZ 9
(State of country)	What test confirmed diagnosis? The Was there an autopsy?
# 15. MAIDEN NAME Amanzella Young .	23. If death was due to external causes (VIOL NCE) fill in also the following:
15. MAIDEN NAME Amanzella Young  Maryland.  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State of County)	Where did Injury occur?
Stewart A. Geisbert.  17.INFORMANT Frederick, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL  Nt. Olivet Cem. Fred. June 16, 1931	Manner of injury
Place mice of 1901	Nature of injury
19. UNDERTAKER M. R. Etchison & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick, Md.	If so, specify
20. FILED 6 - June 1931, D. Dra M. C. Curle Registrar.	(Signed) M. D.

If more blanks are needed, address State Registrer, 2411 N. Charles Street, Baltimore, Requesting U. No. 11

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
		• 114	

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, aythenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I 1931		Example II	
The principal cause of death and related cause of importance were as follows:  Arterioselerosis  BUREAU		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis BURELL	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07036
infor- state UPA.	1. PLACE OF DEATH	(19)
occ	County Freduck	Registration Dist. No. 2/=
should of OCC	Village or City Inderest	ND. St., Wal
t so t		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
AN nen	2. FULL NAME Donald M. Hack	
SCORD. Every 4 PHYSICIANS act statement o	(a) Residence: Np. 624 Blinehear St	
St. st.	(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECORD. PHYSI Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX A. COLOR OR RACE Color OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ACTI	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I oftended deceased for morally of their than a few monally
EX.	6. DATE OF BIRTH (month, day, and year) Sept. 17, 1930	last sew heim alive on June 5th , 193/; death is sa
4 4 5 4	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 8 a
FOR IS A I stated properl	8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
S I S	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onse
Head		Convulsions
nay nack	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
INK INK She t it n	1D. Date doceesed lest worked et this occupation (month and spent in this	Startro-enteretie: 3 everke. Curson
KE I IG I VGE that	year) occupation	Dther Contributory Causes of importance:
DING AG so tha	12. BIRTHPLACE (city or town)	History of marasmus for 3 mg
NFAI NFAI pplied. erms, instru	(State or country) MMU Leur	month line for med attendance)
	13. NAME JONES OWN Tackley  14. BIRTHPLACE (city or town)	Reriod of altereurs during conviction
H I su tin t	14. BIRTHPLACE (city or town) (State or country)	Name of operation
ully rit	15. MAIDEN NAME Virgia. Fredericks	What test confirmed diagnosis? Was there an autopsy?
careficer in ortani	16. BIRTHPLACE (city or town) - Many land	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
A e A	State or country)	Where did injury occur?
ADEA	17, INFORMANT UNY SCI PEGENLY (Address) Heldwick	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-3 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE lation s AUSE ION is	Place o brusy Co. Date 7 May 19.3/	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER PROPERTY AND	24. Was disease or injury in eny way related to occupation of deceased?
B	(Address) Filesburgh eng	If so, specify The Green and
++	20. FILED - fluis, 192/ Ora medialis.	(Signed) W. J. Dum. M. (Address) Frederics ( md
	If more blanks are needed address State Registrar	2411 N. Charles Street Relaimore Penneture 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
/ Bushy	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	5 Y	PHYSICIAN
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PLACE OF DEATH	STATE OF MARTLAND
County Frederick	CERTIFICATE OF DEATH
A A	(31) Registration Dist. No. / 38
Who are Real the way	Ca. Wond) (If death occurred in
Village or City fr. Darl Many (No.	St.: Ward)  a hospital or institution, give Its NAME is
2FULL NAME Minnie & Al	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Widow	(Month) (Day) (Year)
6 DATE OF BIRTH	17 M I HEREBY CERTIFY, That I attended the deceased from
January 8 , 1862	May 3 1911. to June 15 , 1901.
(Month) (Day) (Year)	that I last saw her alive on June 14, 1921,
7 AGE [If LESS than	and that death occurred on the date stated above, at 2 .m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
69 yrs. mos. ds. or min.?	myocarditie
8 OCCUPATION (a) Trade, profession or Housework particular kind of work	690 Interstitial Rephrite
(b) General nature of industry	2
bisiness, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE	Contributory 6M Wenna
(State or country) maryland	(Duration) yrs 6 100 ds.
TO NAME OF B B. B.	(Signed) V. Slauly Vrabil M. D.
11 BIRTHPLACE	6/14/31 192 (Address) - May My
OF FATHER (State or country) maryland	*State the Discase Causing Death, or, in destas from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ellen Maryan	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the State yrs mos ds. State yrs ds.
OF MOTHER (State or Country) Maryland	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
li a II	Former or usual residence
(Informant) J. Q. Haines	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Monvioria md	Plesant Hill Cemeter June 17, 1,31
15 Filed Jesne 15 193/ Visicians J. Haleone	H. M Snyder mtaing ma
If more banks are needed, addre a ttate Registra	r, 16 W. Saratoga St., Balco., Lequesting V. S. i.o. 1.

(Approved by U. S. Census end American Fublic Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, 6 For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease

Il this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the state of the state (23)	egistration Di	ist No. /	31
No.	egisti ation Di	151. 140/	
No			
St.,Ward.	f nonrovident ei	ve city or town	and State
MEDICAL CERT			
21. DATE OF DEATH	June 1	4th.	1
(Mo	nth)	(Day)	, 193 (Year)
22. HEREBY CI	- 11		ded deceased from
I last saw h. Jan alive on	12,10		19.3 / ; death is said
to have occurred on the date stated above	8.10	P. m.	7,
The PRINCIPAL CAUSE OF DEATH and		of importance	
were as follows:			Date of onset
Carcinoma	ne	1/0	
	Randa		
Courney in convically	atima la		
		Cev 3.6?	
Other Contributory Causes of importance	:	Crossios.	
	un		
What test confirmed diagnosis?	77		VIA
		,	
23. If death was due to external causes (\ Accident, suicide, or homicide?			
Where did injury occur?	V	ate of mjuly	17
Specify whether injury occurred in IND	pecify city or to	own, county and	State) .
oposity another injury occurred in fitte	,	, 01 11/1 00 610	, which
Manner of injury			
Nature of injury			
24. Wes disease or injury in any way rel	atad to occupat	tion of deceased	,200
If so, specify	2		
(Signed)	Mo	no	
(Address)	eder	ik us	st.

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	
		*	

V. S. No. 1

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<sub>O</sub>	ENT	te sta
MARGIN RESERVED FOR BINDING	WRITE PLONE) WITH UNFADING INK-THIS IS A PERM ENTO ECO	-Every item of information should be carefully supplied. ACE should be stated EX CIANS should state CAUSE OF DEATH in plain terms so that it may be proporty statement of OCCUPATION is very important. See instructions on back of certifical
OR III	SAP	ACE s
II.	HIS I	ms so
SERVE	NKT	ly supparent
REG	ING I	arefull I In pl ortant
RGIN	NFAD	d be c
MA	TH UI	E CF is ver
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	Ž	state CCU22
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	RITE	Item s sho nent
	W	-Every item of information should be carefully supplied. ACE should be stated EX CIANS should state CAUSE OF DEATH in plain terms so that it may be proporty statement of OCCUPATION is very important. See instructions on back of certifical

PLACE OF DEATH.  County Frederick  WITHIN CORPOR	STATE OF MARYLAND CERTIFICATE OF DEATH
p . 1	Registration Dist. No.
Village or City Summer (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH June 2 R, 1981.  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE  8 yrs. 5 mos. 2/ de. or min.?	and that death occurred on the date stated above, at 6454m. The CAUSE OF DEATH * was as follows:  Primary Concurrons of Colon, Culton
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Precise (Duration) yrs. mos. ds.
9 BIRTHPLACE (state or country)	Contributory Secondary  Duration  ds.
10 NAME OF FATHER John B. Jacobsen  11 BIRTHPLACE OF FATHER  (State or country)	(Signed)
of MOTHER Calkerine Henry	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Address) 2 Yourk Sa.  15 Filed July 30 1931 Vilvo H. S. Halpes	DATE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS MI
Registras  If more b.anks are needed, addre.s tate Kegistra	r, 15 W. Saratoga St., Balto., Kequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Iaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping cough; approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, acaident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic valvular etc. The contributory Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYL	AND-	CERTIFICAT	E OF	DEATH
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	r	0	11	T.	1.7	

1. PLACE	OF DEATH		(159)
County			Registration Dist. No. 13/
1			No. Frederick City Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
			ds. How long in 0.3, ii of foleign bilth: yis, mos, ds
2. FULL		y Harris.	
(a) Res	idence: No. Buckeys	(Usual place of abode)	St, Ward.  If nonresident give city or town and State
PFPS	ONAL AND STATIST	TICAL PARTICULAR	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDO	
Male	white	OR DIVORCED (write the	
5e. If married, w HUSBAND	vidowed, or divorced of		22. 0 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE	of		22.   HEREBY CERTIFY. That I attended deceased from 1.3
		une 13, 1931	Mast saw h was alive on 13, 1931; death is said
7. AGE	Years Months	Days If LES	1 0 102
	0 0		The PRINCIPAL CAUSE OF DEATH and related causes of imputance
kind	8. Trade, profession, or particular kind of work done, as SPINNER,		
SAW	YER, BOOKKEEPER, etc.	• • • • • • • • • • • • • • • • • • • •	President but
work work	k was done, as SILK MILL, / MILL, BANK, etc		
10. Date de this	ceased last worked et occupation (month and	11. Total time (years) spent in this occupetion	
12. BIRTIIPLAC	E (city or town) Fred	erick	Other Contributory Causes of importance:
13. NAME	C. W. Harris.		
I	LACE (city or town) Maryl	and.	Name of a stable
A 14. BIRTHPI	te or country)		Name of operation Date of
15 MAIDEN	NAME Lillian G.	Stalling.	What test confirmed diegnosis?
E	Marv	land	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPI	LACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
	C. W. Harris.		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Buckeystown, Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Mt. Olivet Cem. Fredete June 15, 19 31		n, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
			Manner of injury  Nature of injury
10 110000000	M. R. Etchisc		24. Was disease or injury in any way retated to occupation of deceased?
19. UNDERTAKE	R Frederick, Md	•	If so, specify
	D. D. D. D.		(Signed) / Cey & M. C
4		()	istrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II.	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	V 5 July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

back

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Instructions

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospitei or institution, give its NAME in-steed of stract and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF 3 SEX 4 COLOR OR RACE DEATH WIDOWED Write the word .....(Day).... HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Day) If LESS than 7 AGE and that death occurred on the date sta I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Sacondery (State or country) 10 NAME OF **FATHER** 11 BIRTHPLACE RENTS OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospiteis, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death \_\_\_\_\_\_ yrs \_\_\_\_\_ mos . \_\_\_\_ds. (State or Country) Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

If more bienks are needed, address State Registrer, 16 W. Seretoga St., Baito., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH laborer, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm loborer, Loborerwithout more precise specification as Doy For persons who have no occupation -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (secondary or intercurrent) affection need not unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage (name origin; "Cancer" is less definite; avoid and consequences (e.g., sepsis, Example: Measles (disease ," "Coma," "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	07043
PLACE OF DEATH	STATE OF MARYLAND
County Maderick	CERTIFICATE OF DEATH
May be a second	Registration Dist. No.
Village or City (No. austori	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Salie & S	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 A HEREBY CERTIFY, That Lattended the deceased from
Buck 25, 1903	that I last saw han alive on June 10, 1921,
7 AGE   If LESS than	and that death occurred on the date stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	July man Alake Ola
(a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) wis mos de.
9 BIRTHPLACE (State or country) Ray Cand	Contributory Secondary  (Duration)  yrs: Amos, ds.
10 NAME OF FATHER MES Stryre	(Signed) Bre denils Classiff D. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Coase Egliler	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos de. In the State yrs mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, full worm if not at place of death?
antomant or a . Dalplad	Former or theore molingen of the
(Address tate Janofy jung Red	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL DISTRIBUTION
Filed Filed Registrar	C. M. Luter & Son. Hagerston
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 4.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesto know (a) the kind of work and also (b) the yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. valvular heart Nomenclature of the The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	WRITE PLA LY WITH UNFADING INKTHIS N. B. L. Elans of Information should be carefully supplied ALANS should state CAUSE OF DEATH in plain terms	W W	RITE Item	PLA of in	of the state	WRITE PLA LY WITH UNFADING INKTHIS ery item of information should be carefully supplied in a should state CAUSE OF DEATH in plain terms	FH L	INFA	DIN	Glafui	INK-	uppli term
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V. S. No. 1

11	(%)	07643
	PLACE OF DEATH	STATE OF MARYLAND
1/	County of redering	CERTIFICATE OF DEATH
Y	1+ + 0	Registration Dist. No. 39
Vi	llage or City Alale San Mos Lorum	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME May 2. Jes	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	MARIL MENTE SINGLE, MARRIED, MOUNTE OR DIVORCED (Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	May 29 1896	May 21 19231. co fine 6 , 19231
	(Month) (Day) (Year)	that I last saw h lalive on June 3, 192 3
7	AGE   If LESS than	and that death occurred on the date stated above, at J. Jam.
	35 yrs. 0 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
8	OCCUPATION	The Improved to the Children
	a) Trade, profession or sarticular kind of work	
1/0	b) General nature of industry	
	pusiness, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9	BIRTHPLACE (State or country)	Contributory Secondary
	vruvy ang.	(Duration) Jurasde,
	10 NAME OF FATHER STATE YOUR	(Signed) Jeway J. J. M. D.
S	11 BIRTHPLACE	Jane 6 1923 (Address) Laudana Loumana
FNH	OF FATHER (State or country) Wary Land.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Margare & Mc Clellan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place of death yrs mos de. In the 35 yrs U mos de.
	(State or Country) V Carry and .	Where were disease contracted.   Age
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Way graner	Former or usual residence 550 Bourna Visla ave Bally-My
	(Address) Stale Saffatrum ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	IN MA	20 UNDERTAKER ADDRESS MO
13	Filed 192 Registrar	M.L. Creager Thurmont
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domostic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, r," etc., For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. (secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Always qualify all

If this certifies is looked over thoroughly and all questions answered in det ill, it will parent further correspondence. All the data is essential and past be obtained before the certificate is permanently fied.

BURE 100

BURE 107

BU

V. S. No. 1

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH (17(14))
2	1. PLACE OF DEATH	(131)
3	County Inefercate	Registration Dist. No. 134
010		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ne	Length of residence in cily or town where death occurred yrsmos	ds. How long in U.S. if of foraign birth?yrsmosds.
em	2. FULL NAME John Elmer L	enty
stal	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
\ 36	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z :	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Op) (Yaar)
e e	Sa. If married, widowed, or divorced HUSBAND of	
SC SC SC SC SC SC SC SC SC SC SC SC SC S	(or) WIFE of Europe It. Lent	22. HEREBY CERT FY. That I ettended daceased from
· .	6. DATE OF BIRTH (month, day, end year) July 30 1865	Hast sawh in alive on June 19 1 19 31 : daeth is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated obove, at 3 AM
2 9	65 10 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
of of	8. Trade, profassion, or particular kind of work dona, as SPINNER, Will Sawy SAWYER, BOOKKEEPER, atc. Will Sawy	Julmoney Redema June 14
may	9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, atc	
s on	10. Oate deceased last worked et this occupation (month and yaar) 11. Total time (yaars) spent in this occupation	
instructions	12. BIRTHPLACE (city or town) - Gettingling	Other Contributory Carrier of importance:
s, so ructi	(Stata or country)	Chance Astrolitical leabanter
instr	13. NAME John Lentz	VIIII CONTRACTOR AND
3 01	14. BIRTHPLACE (city or town) Lettypling	Name of operation Date of
.0	(State of country)	What tast confirmed diagnosis? Was thara an eutopsy?
int.	15. MAIDEN NAME Rachael Rife	23. If daeth was due to external causes (VIOLENCE) fill In also the following:
important.	16. BIRTHPLACE (city or town) - Tettiphynig	Accidant, suicide, or homicida? Date of injury, 19
mpc	(Stata or country)	Where did injury occur?
2 2	17. INFORMANT Uns. times 1. Lente (Addrass) Emmitshing and	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is.	18. BURIAL, OREMATION, UK REMOVAL Placa truitsburg ud Date June 19, 19.31	Manner of injury
TION	74 + 68	Neture of injury
SE	19. UNOERTAKER  (Addrass)	24. Hes disease of injury to any way related to occupation of dacaased?
	1 17/10 11	(Signed) 1200 A Manuston M. D.
	20. FILED Serve 1 8 . , 19 3 floor from Registrar.	(Addrass) Annutabirg Md.
	7,00	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example DEIVE		Example II	
The principal cause of death and related causes of importance were as follows: 3 1931	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis TREATIV.	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION

FATHER

CAUSE mation

LION

(State or country)

15. MAIDEN NAME

18. BURIAL, CREMATION, OR

20. FILED 20 - Sune 79

19. UNDERTAKER \_ S

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 131 Village or Cit (If death occurred in a hospital or institution, give its NAME instead of street and number) \_mos. / S ds. How long la U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of (ON) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at a or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ Dato deceased last worked at 11. Total time (years) spant in this this occupation (month and spant in this 8/ 3 12. BIRTHPLACE (city or town) (State or country) 13. NAME

What test confirmed diagnosis?\_

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 Where did injury occur?\_\_\_\_

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

Nature of injury

24. Was disease or injury in any If so, specify \_

(Signed). (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimere, Requesting

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows A OVAHAR	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	I with the	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		\$ days ago
		. ,	RECEIVED	
			Branches and the second	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Br. Hedges

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Smederick	Registration Dist. No. /3/
Village or City Near Froedericle (If Length of residence in eity or lown where death occurred O yrs. 6 mos	No Montaver Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  G. ds. How long to U.S. if of loreign birth? yrs. mos. ds.
2. FULL NAME Laura 6. Eyenis.  (a) Residence: No. W. All Saints  (Usual place of abode)	St., / Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  **Exmale Colored**  **Color OR RACE OR DIVORCED (write the word)  **Color OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. tt married, widowed, or divorced HUSBAND of (or) WIFE of William H. Logoris.	(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from 1932, to 4, 1931
6. DATE OF BIRTH (month, day, and year) a lee / 5 / 86.3  7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date states above, at \$5 30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased tast worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) frequency occupation  (State or country) Manyland	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Traderich 60 (State or country) Haryland	Name of operation
15. MAIDEN NAME Mary 6. Smith (9)  16. BIRTHPLACE (city or town). Trederich loo (State er country) Maryland  17. INFDRMANT Mary 6. Walker. (Address)	23. If death was due to external causes (VIOLENCE) fill in also the Iotlowing:  Accident, suicide, or homicide?
18. BURJAL, OREMATION, DR REMOVAL Place Harrieur Gam. Date Jense 17, 1931.	Manner ot Injury
19. UNDERTAKER Thomas To Bise (Address) Frederich 20. FILEDI 7-June 1931. D. Die J. M. Curl . Registrat	24. Wes disease or injury in any way related to occupation of deceased? 29  If so, specity  (Signed)  (Address)  M. D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over, If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.—The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find 11.—The number of years the deceased followed the occupation.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State out the particular kind of work done and return that, as spinner, weaver, etc.

machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, it any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk,

Other contributory causes of importance:	ESEI, I HOM	Other contributory causes of importa	I year
Cerebral hemorrhage	7261,8 ylul	Peritonitis .	obo shop g
Chronie interstitial nephritis	1261	Run over by street ear	I meek ago
• Example I  The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	faceno to ased	Example II.  The principal cause of death and rel of importance were as follows:  Alack of epilepsy	Dele of onset

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No	1	
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		PLACE OF DEATH	STATE OF MARYLAND
		County / Mary	CERTIFICATE OF DEATH
	1	/ mr	Registration Dist. No. 1.3
	/VA	flage or City fredericle (No. ) all rolling	St: Ward) a hospital or institu-
Sate		Jen Mars Lucretic Ma	tion, give its NAME is stead of street and number.)
7	_	2FULL NAME A LECTE WEE A MALE	number.
cel		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3	tewale While (Write the word)	16 DATE OF DEATH June 2/ , 193 /
on b	6	DATE OF BIRTH  De Dou July 5 1848	17 A HEREBY CERTIFY, That attended the deceased from
one		(Month) (Day) (Year)	that I last saw h la alive on June 21, 1927/,
Jot	7	AGE     If LESS than	and that death occurred on the date stated above, at 10 5. m.
nstri		82 yrsmos6 ds. ormin.?	The CAUSE OF DEATH * was as follows: Law Heart
289	3	OCCUPATION (a) Trade, profession or particular kind of work	Orsease.
Ė		(b) General nature of industry businesa, or establishment in	230
rtan		which employed or (employer)	(Duration) Q yrs
lmpo	9	(State or country) Baltimere Tud.	Contributory Secondary  (Defration) Tyre mos 2. de,
very	Marcell	10 NAME OF William Tell Foster	(Signed) Talliers Charlierer et M. D.
00	S	11 BIRTHPLACE OF FATHER OF FATHER	*State the Disease Causing Death, or, in deaths from
S	E Z	(State or country). Dalfuvere, War	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AL	PA:	OF MOTHER Mary Larvet Vertous	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
		13 BIRTHPLACE OF MOTHER (State or Country)  Sattemere, Wed.	At place of death / yrs / 0 mos. 7 ds. State yrs mos ds.
10	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Salt was led in not at place of dea.h?
ue		(Informant) My. Cellert 1. White Supix	Former or residence 1202 W. Kornbard St Baltimore
atem		(Address) Odd Pellow Hone.	Baltinise, Md June 23, 31
8	15	Filad June 1981. D. Drag ne Cunty	M. R. Olchison Son Fredericks
	-	If more banks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Flanter, tion applies to each and every person, irrespective cf tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouse-Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LNT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE PLA

PLACE OF DEATH  County Frederick  Village or City State Sanoto(No
Village or City State Sand (No
Village or City State Sand (No
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  MARRIED, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)  Month)  Medical Certificate of Death  Medical Certificate of Death  16 Date of Death  Month)  Medical Certificate of Death  16 Date of Death  Month)  Month)  Medical Certificate of Death  Medical Certificate of Death  16 Date of Death  Month)  Month)  Medical Certificate of Death
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIED.  MARRIED.
3 SEX 4 COLOR OR RACE SINGLE.  MARRIED. WIDOWED. OR DIVORCED OWNITTE the word)  17 I HEREBY CERTIFY, That I attanded the deceased from  Month) (Day) (Year)  That I lest saw himalive on June 25, 192.  The CAUSE OF DEATH * was as follows:
MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attanded the deceased from Month) (Day) (Year)  (Month) (Day) (Year)  That I lest saw himalize on June 25, 192/  That I lest saw himalize on the data stated abova, at many day bra. The CAUSE OF DEATH * was as follows:
6 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attanded the deceased from  18 2  (Month) (Day) (Year)  18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Month) (Day) (Year) that I last saw harmalive on Julius 25, 193/  7 AGE    If LESS than   and that death occurred on the data stated abova, at
7 AGE   If LESS than and that death occurred on the data stated abova, at
day bra The CAUSE OF DEATH * was as follows:
I day hrs. The CAUSE OF DEATH * was as follows:
7 49 yrs. T mos. 10 ds. or min.? Pulmonary Luberculosis
(a) Trade, profession or
particular kind of work
(b) General nature of industry business, or establishment in (Duration)
Which employed or (employer) Contributory Luberculous Execution
9 BIRTHPLACE (State or country) Fale Secondary
1 10 NAME OF
FATHER Phase of Man (Signed) Sant Shen M. D
on 11 BIRTHPLACE June 25 198 1 (Address) fate Sanatorin
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
2 12 MAIDEN NAME Accidental, Suicidal or Homicidal.
OF MOTHER  LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE At place At place
(State or Country)  of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?
(Informent) Wa Cardary Former or usual residence when dalk Md.
(Address) State Santatoning 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
20 UNDERTAKER ADDRESS
Filed (T) 192 Registrar In L Creases Hurran & h
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Grocery,

stinal meningitis"); Diphtheria (avoid use of "Croup ferer (the only definite synonym is "Epidemic cerebro" Typhoid fever (never report "Typhoid Pneumonia" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perllonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Magasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory affection need not be

OII this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

MARGIN RESERVED

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
death and related causes ollows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
Jul 3 1931	1915	Attack of epilepsy	1 week ago	
lijs	1921	Run over by street car	1 week ago	
BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
*				
ses of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	death and related causes ollows:  JUL 3 1931	death and related causes Date of onset ollows:    1915   1921     BUREAU   July 5, 1927     sees of importance:	death and related causes of death and related eauses of importance were as follows:    1915	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	(23)
l e. 1 -1.	Registration Dist. No.
Village or City State Sanghorum	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Homer & Phil	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 9 , 193
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Feb 22 1901	June 4 1971. to June 19 , 1931.
(Month) (Day) (Year)	that I last saw h donalive on January 192 192 1,
7 AGE [If LESS than	and that death occurred on the date stated above, at 12:30 Am.
l dayhrs.	The CAUSE OF DEATH * was as follows:
30 yrs. 3 mos. 27 ds. or min.?	(Yulmonary Suberculous
6 OCCUPATION (a) Trade, profession or	
particular kind of work and Halesman	
(b) General nature of industry business, or establishment in	10
which employed or (employer)	(Duration) yrs. 10 mosds.
9 BIRTHPLACE (State or country) Mary Land	Contributory Secondary  (Duration)  yrs
10 NAME OF	D D DI
FATHER Jobe Chely's	1
II BIRTHPLACE OF FATHER	June 19 1931 (Address) Hate Landsum
(State or country) Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Virge Wilkins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) Maryland	of deathmos. /_ ds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wa Gardguer	Former or usual residence Newark Worchester Co Md
07 - 7	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sale Jane	Worchester & Md unknown
15 File 1/9/3/ 192	20 UNDERTAKER ADDRESS
Registrar	M L'Creages Thurmond
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, er," etc., without more precise specimeanous as run laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suieide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart distase; telanus) may be stated under the head of "contributory." Examples: Aecidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) a hospital or institution, give Its NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 00 I day hrs. The CAUSE OF DEATH \* was as follows: ED (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE ARGIN Secondary (State or country) 10 NAME OF 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER RENT (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER yrs. 6 mos. 4 00 Where was disease contracted, if not at place of death?...... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Filed ( If more bianks are needed, address State Registrar, 16 W. Saratoga St./Halto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Form laborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en For many occupations a single word or term or yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISC EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid, fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

3

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory. approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railwoy troin-Whooping cough; If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic volvular heart disease; etc. The contributory Nomenclature of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURHAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07054
1. PLACE OF DEATH	93-0
County Frederick	Registration Dist. No. 134
Village or City Emiltohurg	NoSt., Ward
Length of residence in city or town where death occurred 70yrs. 9 mm	(If death occurred in a hospital or institution, give its NAME instead of street and number)
6	os How long in U.S. if of foreign birth?mos ds.
2. FULL NAME blea lora	Caul
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Texask white word or divorced (write the word)	21. DATE OF DEATH (Month) 23 (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Charles Powe	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Select 26-1860	I last saw here alive on Gentle 22 1991; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data state above, at 5 a.m.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs ormin.	more as follows.
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Myscardus 76/30
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	. 0
10. Date deceased last worked at	M
this occupation (month and 2/1/34) spent in this	
12, BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  13. NAME    13. NAME   Letter Hoke	Urteno-Sclerosis /4/20
13. NAME leter Holce	
14. BIRTHPLACE (city or town) Curvillance (State or country)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frances Rowe	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wess Elizabeth Toke (Address) Edward Token	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
10. DORINE, CITE POSITOR, OR REINOVAL	Manner of injury
riace. The part of	Natura of injury
19. UNDERTAKER Shings Shings (Address) Shings July	24. Was disaasa or injury In any way ralated to occupation of deceased?
20. FILED flowe 24, 19 31 M. F. Shuff Registrar.	(Signed) A Selection M. D  (Address) Emmilahana Mill
If more blanks are needed, address State Registran	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example			Example II	
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Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	REALLA	July 5, 1927	Peritonitis	3 days ago
Other centributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

BL

PLACE OF DEATH	STATE OF MARYLAND
County Fiederick	CERTIFICATE OF DEATH
1 - no Dist	Registration Dist. No. 137
Village or City Thusvilla (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Reuben Say	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(March 30, 1857	July 100 10 10 10 10 10
(Month) (Day) (Year)	that I last saw h majive of from JO, 10
7 AGE	
80 yrs. 2 mos. 20 ds. or min.?	The CAUSE OF DEATH * Was as follows:
B OCCUPATION 0 4	
(a) Trade, profession or Petited James	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Jyrs, mos, ds.
9 BIRTHPLACE	Contributory
(State or country)	(Duration) vys mos ds.
10 NAME OF	18 Jan Marsh MD
FATHER Reuben ayen	James (Address) Man 766.
IN BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
U 12 MAIDEN NAME	
of MOTHER Haurah Smith	in LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death was mos. ds. State was mos. ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Saac Sayler	usual residence
D. T.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mion DANG ge	Mis View Cemetery June 22, 193/
15 FI /440 97 1021 MAPELLA	20 UNDERTAKER UMON BILLY ADDRESS
Filed Mar for 1901 for All flet Registras	Powely Whangh Libertylown
If more banks are needed, address tate Negistral	, 18 W. Saratoga St., Balto., Requesting V. S. Iso. 1.

07055

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

en at home, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective cf whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The single word or term on Locomolive engineer, (b) materia Grocery;

s, inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpreumonia, Broncho:pneumonia ("Pneumonia,

> UREAU "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU. (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; Nomenclature not be

permanently filed. data is essential answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions and must be obtained before the certificate is

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BINDIN

FOR

RESERVED

MARGIN

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL R TEST	July 5, 1927	Peritonitis	3 days ago	
	BURDAU V. S.	a. de			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RIT	ion	USI	
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1. PLACE OF D		) WAIT		92	TE OF DEATH	0000
County Fre				Registration Dist. No. 130		
	Buckeystow	n.		No.	S	t., Wa
				death occurred in a hospital	or institution, give its NAME instead of street	
Length of residence	in city or town where	death occurred	yrsmos	ds. Mow long in	U.S. if of foreign birth?yrs	mos
2. FULL NAME	Mrs. Emma	Mary Sta	lling.			
(a) Residence: N	0	(Usual place	of shode)	St., Ward.	If nonresident give city or tov	vn and State
PERSONAL	AND STATIS			MEDIC	CAL CERTIFICATE OF DEA	200
), SEX 4. C	OLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DE	June 29th	• , 193 1 (Year)
a. If married, widowed, or HUSBAND of		1 2222 200		A		
(or) WIFE of	Philip St	alling		22. I HER	EBY CERTIFY, That I att	29 . 19.8
		gust 2, 1	872	Mast saw h	19.21 to 200	0); death is s
5. DATE OF BIRTH (month) 7. AGE Years		Davs	If LESS than	1.00	date state above, at 5 Am.	J 1 , death 13 3
58	10 Months	27°s	1 day,hrs.		OF DEATH and related causes of importance	Date of on
8. Trade, profession, kind of work of SAWYER, BOO	or particular lone, as SPINNER, KKEEPER, etc	Housewife		Chranic	My readities	192
9. Industry or busing work was done	ess In which	At home				
SAW MILL, BANK, etc						
12. BIRTHPLACE (city or t (State or country)	own) Marylan	nd.		Other Contributory Canso	es of importance:	
13. NAME John	C. Keyser					
13. NAME John 14. BIRTHPLACE (city	1/0	ryland.		Name of operation	Da	te of
(State or coun				What test confirmed diag	gnosis? Was the	ere an autopsy?
15. MAIDEN NAME S				23. II death was due to ex	ternal causes (VIOLENCE) fill In also the fo	ollowing:
15. MAIDEN NAME S	or town)	yland.		Accident, suicide, or hom	nicide? Date of injury_	, 19
(Stata of Count		line		Where did injury occur?.	(Specify city or town, county	and State)
Mr. J. P. Stalling.  17. INFORMANT Buckeystown, Md .			Specify whether injury or	ccurred in INDÚSTRY, in HOME, or in PÚB	LIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury			
	ret Cem. F		1, 1931	- Nature of injury.		
M. R. Etchison &Son.  19. UNDERTAKER Frederick, Md.				24. Was disease or Injury	in any way related to occupation of deceas	sed? La
(Address)	ederick, M	d.		If so, specify		
20. FILEO 2	- Q 1931 J	caph I	Registrar.	(Signed)(Address)	/ Clyle / ouls	-

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Chronic interstitial nephritis 192			Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			•		

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Filed

MARGIN RESERVED

No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who bave no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (a) the kind of work and also (b) the not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary (elanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

apswored in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSI-

	PLACE OF DEATH	CERTIFICATE OF DEATH
C	ounty V Manuella	Registration Dist. No. 138
vin	2 FULL NAME Ida Elizabeth &	lage Saulastuul Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	eusle White Single, Widowel OR Divorced (Write the word)	16 DATE OF DEATH  6 - /5 - , 1923 /
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day), (Year)	that I last saw hes alive on _ 6 / 5 , 1987/.
7 AG	If LESS than I dayhrs.	The CAUSE OF DEATH is was as follows:
p; (b)	of CCUPATION  and Trade, profession or articular kind of work  of General nature of industry  usiness, or establishment in thich employed or (employer)	(Duration) yrs. mos. 6 da.
9 B1	(State or country) Fuduish Country Wed	Recondary esterial degeneration and demention . Duration) . 3. yrs. mos. da
ENTS	11 BIRTHPLACE OF FATHER (State or country) Turking Country Week.	(Signed)
PARE	12 MAIDEN NAME OF MOTHER Jans Rebesea Awestren	Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country) Frederick Country Wel.	of death / yrs. 2. mos. 4. da. State, 3. yrs
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, malkersulle Wel
	(Informant). Etrom Newelbers (Course) (Address). Malburiell Wel.	Former or usual residence. Practice and insular seidence. Practice of BURIAL
15 F	Filed Jeme 15 198/ Lucian & Falconer Registrar	mrs. K. G. Putman Walkerwill
11	more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

07060

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school or At home. Care should be taken whatever, write None. business, that fact may be indicated thus: Farmer Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotice engineer the first line will be sufficient, e. g., Farmer or Planter Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health fulness of various parsuits can be known. The ques Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-The material But in many (rc-

EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbalic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal vulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. mges. peritonueum, etc., Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be inqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; cause .. (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); Measles; "Debility" Accidental drowning; Struck by railway for which surgical operation was under-("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Meastes (disease (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Frederick William the Gordon	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Trealerich (No. 28 1)	Valuek St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Sarrielf ann	Nwartz number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That Wattended the deceased from
10 15 1861	192 to 192
(Month) (Day) (Year)	that I last saw h alive on 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at
10 & l dayhrs.	The CAUSE OF DEATH * was as follows:
69yrs. 8 mos. 8 ds. or min.?	ff g
B OCCUPATION  (a) Trade, profession or particular kind of work	Che tal Hemorrhoge
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) mos de.
9 BIRTHPLACE	Contributory Milleuren - Mulle
(State or country) Maryland	Secondary Control of the secondary transfer
FATHER Charles of Prinching	(Signed) M. D. Musher M. D.
of FATHER  (State or country) Maryland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Actidental, Suicidal or Homicidal.
of MOTHER Samuelt Holls	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Manufand	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Mrs alice King	Former or usual residence
(Address) 28 W Patrick H- Frederich Met	Michael Frederich June 25, 1931
15 Filed 24 June 1931 Q. Dro J. M. Centy.	Lang Carty Rederick Med.
If more blanks are needed, address tate hegistral	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); yphoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report pneumonia ("Pneumonia");

as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUL 3 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07052
1. PLACE OF DEATH	(82-0)
County Frederick	Registration Dist. No. 13 4
Village or City Summathleng	No. St., Ward
Length of residence in city or town where death occurred 4 Jyrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
6000	les le
2. FULL NAME of ela doret (	Struit as her ody
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	June 14 , 193 1
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of (1)	22.   I HEREBY CERTIFY. That I atlended deceased from
0 1076	1997 to fire 14 1931
6. DATE OF BIRTH (month, day, and year) four 28 1879  7. AGE Years Months Days If LESS than	last saw h. 2 alive on
1 day hrs	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	ware as follows:
SAWYER, BOOKKEEPER, etc. House wife	Pare to al free of fine 13, 2,
9, Industry or business in which	Con - remining
work was dona, as SILK MILL, Own House	
O 10. Date deceased last worked at this occupation was year)  11. Total time (years) spant in this occupation.	
12 PIDTINI ACT (SWALL) CALL OF t	Other Contributory Causes of importance:
(State or country)  12. BIRTHPLACE (city or town) Curron truly  (State or country)	orting-Salvons
14. BIRTHPLACE (city or town) Joekson	Name of operation Data of
(Stata or country) Terri.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elvira Parhase	23. If death was dua to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Elvira Parham  16. BIRTHPLACE (city or town) Jackson	Accident, suicide, or homicide? Data of injury19
E (State or country) Jense.	Whera did injury occur?
17. INFORMANT Tuis anna Lee Verhine	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) furnits and red	
18. BURIAL, CREMATION, UR REMOVAL	Manner of injury
Place truitsling and Date 6/16, 1931	Nature of injury
19. UNDERTAKER U. F. Shiff 1. (Address) Emiliable and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Jane 15, 19. 3. 1. M. F. Shuff	(Signed) Poroche Lamson M. D. (Address) Emmitsburg mo
0000	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	-4	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C. S. V. S.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BOXEAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis 9	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of infor-Exact statement of OCCUPA-RECORD. Every item N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARKIERING	
1. PLACE OF DEATH	3
county Fredericks	Registration Dist. No. 13
Village or City Frederick	No. — St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	1. Now long at 0.5.11 of loteign birth:yismos us.
2. FULL NAME Daley Doy	Ills.
(a) Residence: No. 40 (b) M. Kolsula	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 16 1933/
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(di) HIFE OI	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) June 16, 1931	I last sew h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
O O I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	A - D / P
SAWYER, BOOKKEEPER, etc.	Sell tom
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O this occupation (month and spant in this year) occupation	· V., ,
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary land (State or country)	
I had	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
I Wood And	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or lown) (State or country)	Where did injury occur?
blumark Allie	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 10.00 10.00 M	Specify whether many occurred in Modern I, in Home, or in robert rende,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Olivet Centraporte Succe 17, 19.31	Nature of injury
m R SALES LIA	24. Was disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER 11. 1 A CASA STORY OF THE CASA ST	If so, specify
10-11 1 1 0 2 10 7 00 0	(Signed) BOTTO M. D.
20. FILED / June , 193/ K. dra J. M. Cull	(Address) Dedenck 241
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis a 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07065
1. PLACE OF DEATH	92-2
County Frederick	Registration Dist. No. 144
Village or City Thursday	NoSt.,Ward
Length of residence in city or fown where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in S. if of foreign birth?
Nan mr	
2. FULL NAME THE STATE OF THE S	
(a) Residence: Np. // (Uyual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A COLOR OR RACE SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white proposed (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Nannie Vissler	22. I HEREBY CERTIFY. That I ettended deceased from
C DATE OF DIRTH (mostly day of mostly day of	I last saw h www alive on first 6 1981; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the dete stated above, at 11. Alam.
63 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade profession or particular	were as follows:  Out of the same of the s
kind of work done, as SPINNER, Mussler SAWYER, BDOKKEEPER, etc.	auricular fibillation 11/1/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month end 928 spant in this 33 year)	<b>?</b>
Sheeper dating no	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	China Carolina 1920
# 13. NAME Herry Wissler -	army venerous.
13. NAME Derry Wissler  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Stage & 24 Was there an autopsy? The
15. MAIDEN NAME Cornelia Corerhant	3. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Correlia Greekal	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17. INFORMANT Miss Jussie Wissler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thurmont md	
18. BURIAL, CREMATION, OR REMOVAL Place Frederick Inhabate June 9, 19.31	Manner of injury
m & P	Nature of injury
19. UNDERTAKER 19 Celage Han	24. Was disease or injury in any way related to occupation of deceased?
(Address) Thursday Mo	If so, specify
20. FILED 6 -8 , 1931 anna M. Jouls	(Signed) Morres W. Christy M. D.  (Address) Thurse feet Md.
Registrar.  If more blanks are needed, address State Revistrar.	(Address)

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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Os, A. M. Smith